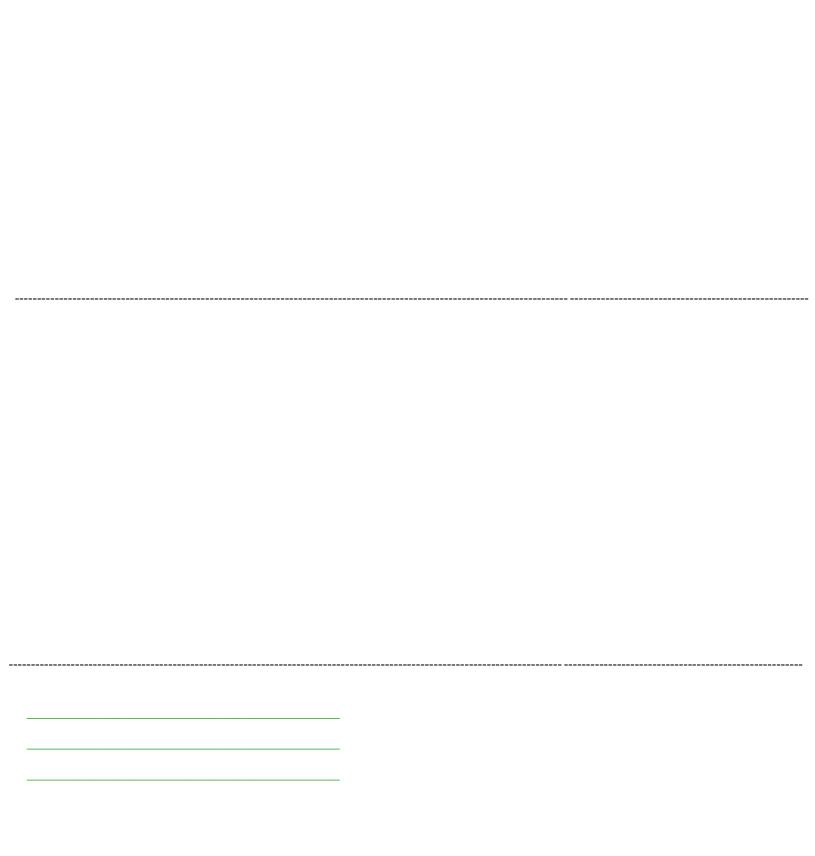


GALLOWAY TOWNSHIP TONNAGE REPORTING FORM FOR RECYCLED MATERIALS

(Calendar Year 2015) COMMERCIAL/INSTITUTIONAL



*Name of Business			
*Mailing Address			
*City, State, Zip			
*Title			
*Phone number		*Fax Number	
*Type of organization/busir	ness		
* NAME OF HAULER FOR	TRASH:		
* NAME OF HAULER FOR	RECYCLING:		
		********	* Must be filled i
RECYCLED MATERIAL	AMOUNT		ADDRESS OF MARKET /HAULER
(Attach copies of receipts, if p	oossible)		
I, the undersigned, certify that to the	e best of my knowledge	, the information provided is accurate.	
Print or type name of business representative		Signature	
Title		 Date	



Township of Galloway
OFFICE OF SUSTAINABILITY
300 E. JIMMIE LEEDS ROAD
GALLOWAY, NJ 08205